

# DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Attorney Docket No. 9250-6

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **METHOD OF DETERMINING GLOBAL COAGULABILITY AND HEMOSTATIC POTENTIAL**,

the specification of which

☐ is attached hereto

OR

☒ was filed on **27 October 2000** as United States Application No. **09/697,934** or

PCT International Application Number \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

|        |         |                  |  |
|--------|---------|------------------|--|
| None   |         |                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Number | Country | MM/DD/YYYY Filed | Priority Claimed   |
|        |         |                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Number | Country | MM/DD/YYYY Filed | Priority Claimed   |
|        |         |                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Number | Country | MM/DD/YYYY Filed | Priority Claimed   |

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.

|                       |                          |
|-----------------------|--------------------------|
| None                  |                          |
| Application Number(s) | Filing Date (MM/DD/YYYY) |

|                       |                          |
|-----------------------|--------------------------|
|                       |                          |
| Application Number(s) | Filing Date (MM/DD/YYYY) |

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application (37 C.F.R. § 1.63(d)).

|                   |             |                                      |
|-------------------|-------------|--------------------------------------|
| None              |             |                                      |
| Appln. Serial No. | Filing Date | Status<br>Patented/Pending/Abandoned |

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| Appln. Serial No. | Filing Date | Status<br>Patented/Pending/Abandoned |

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|                   |             |                                      |
| Appln. Serial No. | Filing Date | Status<br>Patented/Pending/Abandoned |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following registered attorney(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. I also appoint the following registered attorney(s) to represent me before all competent International Authorities in connection with any and all international applications filed by me with an appropriate receiving office claiming priority to the U.S. application. I also appoint the following registered attorney(s) to make or receive payment on my behalf in connection with the filing of such international applications.

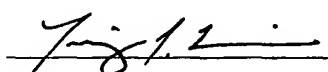
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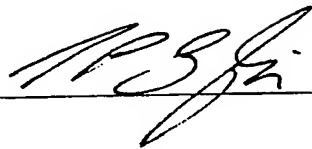
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Acknowledged in my presence:

W D W Baglin

Notary Public

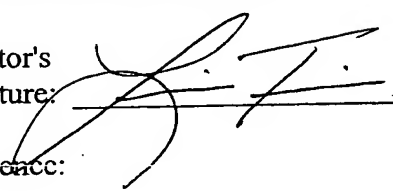
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My Commission is for life

Full name of third inventor:

**Liliana Tejdor**

Inventor's

Signature: 

Date: 2/8/2001

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Citizenship:

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants: Fischer, et al.  
Serial No.: 09/697,934                      Group Art Unit: 1627  
Filed: October 27, 2000                      Examiner: Ralph J. Gitomer  
For: Method of Determining Global Coagulability and Hemostatic Potential

**ASSOCIATE POWER OF ATTORNEY/CHANGE OF ADDRESS**

Commissioner for Patents  
Washington, D.C. 20231

Sir:

The undersigned attorney of record in this case hereby appoints the below named persons, individually and collectively, as associate attorneys to prosecute this patent application and to transact all business in the United States Patent and Trademark Office connected therewith and the resulting patent:

| CUSTOMER NO. 35467 |          |
|--------------------|----------|
| ATTORNEY           | REG. NO. |
| Judith Roesler     | 37,237   |
| Samir Patel        | 44,998   |
|                    |          |

Unless and until otherwise directed, please send all correspondence about this application and the resulting patent to:

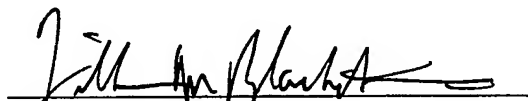
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Please direct all telephone calls about this application and the resulting patent to:

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The above-appointed associate attorneys are hereby authorized to act and rely on instructions from and communicate directly with the assignee of record and with such patent agent/attorney liaison, individual or firm, as may represent themselves to the associate attorneys as having been so appointed, unless and until I instruct the associate attorneys in writing to the contrary.

By:



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Date: 2-4-2003